

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | W.A | 8 | 08/08/01 |
| O.I.P.E. CLASSIFIER | | | 8/9/01 |
| FORMALITY REVIEW | H.L | 1079 | 09/01/01 |
| RESPONSE FORMALITY REVIEW | AM | 917 | 02-19-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|-----------|
| Final Original | |
| 1 | Y 10/1/01 |
| 2 | Y 10/1/01 |
| 3 | Y 10/1/01 |
| 4 | Y 10/1/01 |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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09/10/01